

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90149 018 ***150.00

DOCUMENT # 648100

1. Entity Name

WILLIAM MARCHESE, D.M.D., P.A.

Principal Place of Business

Mailing Address

~~4811 WEST CALL ST.~~
~~4811 BEACH BLVD. STE. 302~~
~~STARKE FL 32901~~

315 WEST CALL ST.
~~4811 BEACH BLVD. STE. 302~~
STARKE FL 32091-3113
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1954240

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PRESSER, EDWIN MR.
4811 BEACH BLVD.
STE. 302
JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent

Name *William Marchese DMD*

Street Address (P.O. Box Number is Not Acceptable)

315 West Call Street

City *Starke*

FL

Zip Code *32091*

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

WILLIAM MARCHESE DMD President

William Marchese DMD President

1/31/00

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PST	<input type="checkbox"/> Delete
NAME	MARCHESE, WILLIAM	
STREET ADDRESS	315 WEST CALL STREET	
CITY-ST-ZIP	STARKE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARCHESE WILLIAM	
STREET ADDRESS	315 WEST CALL STREET	
CITY-ST-ZIP	STARKE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

William Marchese DMD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR *President*

1/31/00
Date

904-964-7501
Daytime Phone #

CR2E034 (9/99)